

SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

PERCENTAGE OF PREMIUM CALCULATION CHARTS

For Health Benefit Contributions under Chapter 78, P.L. 2011

(Local Education Employees)

Use this worksheet and the attached charts to calculate your combined Health Benefit Contribution.

Calculate Premium Percentages		CURRENT YEAR PHASE-IN AMOUNT	NEXT YEAR PHASE-IN AMOUNT
1.	Use the SEHBP Premium Rate Charts and enter the premium amount for your SEHBP Medical Plan at your selected Level of Coverage.	\$	\$
2.	Use the Percentage of Premium Charts for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%
3.	Calculate your Medical Plan Contribution: Multiply the Medical Plan Premium by the Premium Percentage.	\$	\$
<i>(For example: If NJ DIRECT15, Family coverage is \$1,871.98 per month, and your premium percentage is 10.0%; the calculation is \$1,871.98 X 0.10 = \$187.20 per month.)</i>			
4.	Use the SEHBP Premium Rate Charts or an employer-provided rate, and enter any premium for a Prescription Drug Plan at your selected Level of Coverage. <i>(If Prescription Drug is combined with the SEHBP Medical Plan, go to Line #7.)</i>	\$	\$
5.	Use the Percentage of Premium Chart for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%
6.	Calculate any Prescription Drug Plan Contribution: Multiply the Prescription Drug Plan Premium by the Premium Percentage.	\$	\$
7.	Add Line #3 and Line #6. <i>(Medical Plan Contribution + Prescription Drug Plan Contribution)</i>	\$	\$
Calculate Minimum Required Contribution <i>Employees must pay a minimum of 1.5% of Annual Salary</i>			
8.	Enter your total Annual Salary.	\$	\$
9.	Multiply your Annual Salary by 1.5% (Salary X 0.015).	X 0.015	X 0.015
10.	This is your 1.5% Minimum <i>annual</i> percentage of salary.	\$	\$
11.	Divide the annual amount on Line #10 by 12 months.	÷ 12	÷ 12
12.	This is the minimum monthly amount you are required to contribute.	\$	\$
Your Health Benefit Contribution			
13.	If the amount on Line #7 is larger than the amount on Line #12, enter it here. Otherwise, enter the amount on Line #12.	\$	\$
This is Your Monthly Required Contribution			

*The calculations from this worksheet are approximations
and may differ from the actual amounts deducted from payroll.*

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
SEHBP PLAN PREMIUM RATE CHART

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
AETNA FREEDOM10 #018			
Single	\$722.22	—	\$722.22
Member & Spouse/Partner	\$723.81	\$720.63	\$1,444.44
Family	\$724.39	\$1,261.72	\$1,986.11
Parent & Child	\$722.91	\$540.98	\$1,263.89
NJ DIRECT10 #050			
Single	\$715.06	—	\$715.06
Member & Spouse/Partner	\$716.65	\$713.49	\$1,430.14
Family	\$717.23	\$1,249.19	\$1,966.42
Parent & Child	\$715.75	\$535.61	\$1,251.36
AETNA FREEDOM15 #180			
Single	\$687.53	—	\$687.53
Member & Spouse/Partner	\$689.12	\$685.94	\$1,375.06
Family	\$689.70	\$1,201.01	\$1,890.71
Parent & Child	\$688.22	\$514.96	\$1,203.18
NJ DIRECT15 #150			
Single	\$680.72	—	\$680.72
Member & Spouse/Partner	\$682.31	\$679.14	\$1,361.45
Family	\$682.89	\$1,189.09	\$1,871.98
Parent & Child	\$681.41	\$509.85	\$1,191.26
AETNA HMO #019			
Single	\$655.67	—	\$655.67
Member & Spouse/Partner	\$657.26	\$654.09	\$1,311.35
Family	\$657.84	\$1,145.25	\$1,803.09
Parent & Child	\$656.36	\$491.06	\$1,147.42
HORIZON HMO #011			
Single	\$649.12	—	\$649.12
Member & Spouse/Partner	\$650.71	\$647.52	\$1,298.23
Family	\$651.29	\$1,133.79	\$1,785.08
Parent & Child	\$649.81	\$486.15	\$1,135.96
PRESCRIPTION DRUG PROGRAM #201			
Single	\$187.27	—	\$187.27
Member & Spouse/Partner	\$187.27	\$187.27	\$374.54
Family	\$187.27	\$327.72	\$514.99
Parent & Child	\$187.27	\$140.45	\$327.72

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SEHBP PLAN PREMIUM RATE CHART

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #205			
AETNA FREEDOM1525 #063(2)			
Single	\$667.26	—	\$667.26
Member & Spouse/Partner	\$668.85	\$665.68	\$1,334.53
Family	\$669.43	\$1,165.54	\$1,834.97
Parent & Child	\$667.95	\$499.76	\$1,167.71
NJ DIRECT1525 #051(2)			
Single	\$660.66	—	\$660.66
Member & Spouse/Partner	\$662.25	\$659.06	\$1,321.31
Family	\$662.83	\$1,153.99	\$1,816.82
Parent & Child	\$661.35	\$494.81	\$1,156.16
AETNA HMO1525 #061(2)			
Single	\$605.45	—	\$605.45
Member & Spouse/Partner	\$607.04	\$603.86	\$1,210.90
Family	\$607.62	\$1,057.37	\$1,664.99
Parent & Child	\$606.14	\$453.40	\$1,059.54
HORIZON HMO1525 #053(2)(4)			
Single	\$599.40	—	\$599.40
Member & Spouse/Partner	\$600.99	\$597.80	\$1,198.79
Family	\$601.57	\$1,046.78	\$1,648.35
Parent & Child	\$600.09	\$448.86	\$1,048.95
PRESCRIPTION DRUG PROGRAM #205			
Single	\$169.85	—	\$169.85
Member & Spouse/Partner	\$169.85	\$169.85	\$339.70
Family	\$169.85	\$297.24	\$467.09
Parent & Child	\$169.85	\$127.39	\$297.24
Medical Plans Available with Prescription Drug Program #206			
AETNA FREEDOM2030 #064			
Single	\$627.10	—	\$627.10
Member & Spouse/Partner	\$628.69	\$625.52	\$1,254.21
Family	\$629.27	\$1,095.26	\$1,724.53
Parent & Child	\$627.79	\$469.64	\$1,097.43
NJ DIRECT2030 #052			
Single	\$620.89	—	\$620.89
Member & Spouse/Partner	\$622.48	\$619.30	\$1,241.78
Family	\$623.06	\$1,084.39	\$1,707.45
Parent & Child	\$621.58	\$464.98	\$1,086.56
AETNA HMO2030 #062			
Single	\$569.34	—	\$569.34
Member & Spouse/Partner	\$570.93	\$567.71	\$1,138.64
Family	\$571.51	\$994.18	\$1,565.69
Parent & Child	\$570.03	\$426.32	\$996.35
HORIZON HMO2030 #054			
Single	\$563.64	—	\$563.64
Member & Spouse/Partner	\$565.23	\$562.02	\$1,127.25
Family	\$565.81	\$984.20	\$1,550.01
Parent & Child	\$564.33	\$422.04	\$986.37
PRESCRIPTION DRUG PROGRAM #206			
Single	\$172.86	—	\$172.86
Member & Spouse/Partner	\$172.86	\$172.83	\$345.69
Family	\$172.86	\$302.51	\$475.37
Parent & Child	\$172.86	\$129.65	\$302.51

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
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SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
SEHBP PLAN PREMIUM RATE CHART

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #207			
AETNA FREEDOM2035 #066			
Single	\$539.30	—	\$539.30
Member & Spouse/Partner	\$540.89	\$537.72	\$1,078.61
Family	\$541.47	\$941.61	\$1,483.08
Parent & Child	\$539.99	\$403.79	\$943.78
NJ DIRECT2035 #056			
Single	\$533.97	—	\$533.97
Member & Spouse/Partner	\$535.56	\$532.37	\$1,067.93
Family	\$536.14	\$932.28	\$1,468.42
Parent & Child	\$534.66	\$399.79	\$934.45
AETNA HMO2035 #065			
Single	\$489.63	—	\$489.63
Member & Spouse/Partner	\$491.22	\$488.04	\$979.26
Family	\$491.80	\$854.68	\$1,346.48
Parent & Child	\$490.32	\$366.53	\$856.85
HORIZON HMO2035 #055			
Single	\$484.73	—	\$484.73
Member & Spouse/Partner	\$486.32	\$483.14	\$969.46
Family	\$486.90	\$846.11	\$1,333.01
Parent & Child	\$485.42	\$362.86	\$848.28
PRESCRIPTION DRUG PROGRAM #207			
Single	\$155.57	—	\$155.57
Member & Spouse/Partner	\$155.57	\$155.57	\$311.14
Family	\$155.57	\$272.25	\$427.82
Parent & Child	\$155.57	\$116.68	\$272.25
High Deductible Health Plans with Built In Prescription Drug			
AETNA VALUE HD1500 #093			
Single	\$737.64	—	\$737.64
Member & Spouse/Partner	\$739.23	\$736.05	\$1,475.28
Family	\$739.81	\$1,244.44	\$1,984.25
Parent & Child	\$738.33	\$508.28	\$1,246.61
NJ DIRECT HD1500 #091			
Single	\$734.63	—	\$734.63
Member & Spouse/Partner	\$736.22	\$733.04	\$1,469.26
Family	\$736.80	\$1,239.35	\$1,976.15
Parent & Child	\$735.32	\$506.20	\$1,241.52

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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
AETNA FREEDOM10 #018			
Single	\$902.22	—	\$902.22
Member & Spouse/Partner	\$903.81	\$900.62	\$1,804.43
Family	\$904.39	\$1,576.72	\$2,481.11
Parent & Child	\$902.91	\$675.98	\$1,578.89
NJ DIRECT10 #050			
Single	\$851.78	—	\$851.78
Member & Spouse/Partner	\$853.37	\$850.21	\$1,703.58
Family	\$853.95	\$1,488.45	\$2,342.40
Parent & Child	\$852.47	\$638.15	\$1,490.62
AETNA FREEDOM15 #180			
Single	\$867.53	—	\$867.53
Member & Spouse/Partner	\$869.12	\$865.93	\$1,735.05
Family	\$869.70	\$1,516.01	\$2,385.71
Parent & Child	\$868.22	\$649.96	\$1,518.18
NJ DIRECT15 #150			
Single	\$810.87	—	\$810.87
Member & Spouse/Partner	\$812.46	\$809.31	\$1,621.77
Family	\$813.04	\$1,416.85	\$2,229.89
Parent & Child	\$811.56	\$607.46	\$1,419.02
AETNA HMO #019			
Single	\$835.67	—	\$835.67
Member & Spouse/Partner	\$837.26	\$834.08	\$1,671.34
Family	\$837.84	\$1,460.25	\$2,298.09
Parent & Child	\$836.36	\$626.06	\$1,462.42
HORIZON HMO #011			
Single	\$829.12	—	\$829.12
Member & Spouse/Partner	\$830.71	\$827.51	\$1,658.22
Family	\$831.29	\$1,448.79	\$2,280.08
Parent & Child	\$829.81	\$621.15	\$1,450.96
AETNA FREEDOM1525 #063			
Single	\$789.23	—	\$789.23
Member & Spouse/Partner	\$790.82	\$787.63	\$1,578.45
Family	\$791.40	\$1,378.99	\$2,170.39
Parent & Child	\$789.92	\$591.24	\$1,381.16
NJ DIRECT1525 #051			
Single	\$782.63	—	\$782.63
Member & Spouse/Partner	\$784.22	\$781.01	\$1,565.23
Family	\$784.80	\$1,367.44	\$2,152.24
Parent & Child	\$783.32	\$586.29	\$1,369.61
AETNA HMO1525 #061			
Single	\$775.30	—	\$775.30
Member & Spouse/Partner	\$776.89	\$773.71	\$1,550.60
Family	\$777.47	\$1,354.61	\$2,132.08
Parent & Child	\$775.99	\$580.79	\$1,356.78
HORIZON HMO1525 #053			
Single	\$769.25	—	\$769.25
Member & Spouse/Partner	\$770.84	\$767.65	\$1,538.49
Family	\$771.42	\$1,344.02	\$2,115.44
Parent & Child	\$769.94	\$576.25	\$1,346.19

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AETNA FREEDOM2030 #064			
Single	\$749.07	—	\$749.07
Member & Spouse/Partner	\$750.66	\$747.47	\$1,498.13
Family	\$751.24	\$1,308.71	\$2,059.95
Parent & Child	\$749.76	\$561.12	\$1,310.88
NJ DIRECT2030 #052			
Single	\$742.86	—	\$742.86
Member & Spouse/Partner	\$744.45	\$741.25	\$1,485.70
Family	\$745.03	\$1,297.84	\$2,042.87
Parent & Child	\$743.55	\$556.46	\$1,300.01
AETNA HMO2030 #062			
Single	\$742.20	—	\$742.20
Member & Spouse/Partner	\$743.79	\$740.54	\$1,484.33
Family	\$744.37	\$1,296.69	\$2,041.06
Parent & Child	\$742.89	\$555.97	\$1,298.86
HORIZON HMO2030 #054			
Single	\$736.50	—	\$736.50
Member & Spouse/Partner	\$738.09	\$734.85	\$1,472.94
Family	\$738.67	\$1,286.71	\$2,025.38
Parent & Child	\$737.19	\$551.69	\$1,288.88
AETNA FREEDOM2035 #066			
Single	\$649.07	—	\$649.07
Member & Spouse/Partner	\$650.66	\$647.49	\$1,298.15
Family	\$651.24	\$1,133.71	\$1,784.95
Parent & Child	\$649.76	\$486.12	\$1,135.88
NJ DIRECT2035 #056			
Single	\$643.74	—	\$643.74
Member & Spouse/Partner	\$645.33	\$642.14	\$1,287.47
Family	\$645.91	\$1,124.38	\$1,770.29
Parent & Child	\$644.43	\$482.12	\$1,126.55
AETNA HMO2035 #065			
Single	\$645.20	—	\$645.20
Member & Spouse/Partner	\$646.79	\$643.61	\$1,290.40
Family	\$647.37	\$1,126.93	\$1,774.30
Parent & Child	\$645.89	\$483.21	\$1,129.10
HORIZON HMO2035 #055			
Single	\$640.30	—	\$640.30
Member & Spouse/Partner	\$641.89	\$638.71	\$1,280.60
Family	\$642.47	\$1,118.36	\$1,760.83
Parent & Child	\$640.99	\$479.54	\$1,120.53

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Family	\$739.81	\$1,244.44	\$1,984.25
Parent & Child	\$738.33	\$508.28	\$1,246.61
NJ DIRECT HD1500 #091			
Single	\$734.63	—	\$734.63
Member & Spouse/Partner	\$736.22	\$733.04	\$1,469.26
Family	\$736.80	\$1,239.35	\$1,976.15
Parent & Child	\$735.32	\$506.20	\$1,241.52

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SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
PERCENTAGE OF PREMIUM CHARTS
For Health Benefit Contributions under Chapter 78, P.L. 2011

Note: The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ and the full amount of the contribution rate during the phase-in years.

New employees hired on or after June 28, 2011, the effective date of Chapter 78, P.L. 2011, contribute at the highest percentage level (Year 4) — unless hired into a position covered by a Collective Negotiations Agreement that has not expired as of the employee's date of hire.

HEALTH BENEFITS CONTRIBUTION FOR SINGLE COVERAGE
(PERCENTAGE OF PREMIUM)*

Salary Range	Four Year Phase-In <i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2011 to June 2012	Year 2 July 2012 to June 2013	Year 3 July 2013 to June 2014	Year 4 July 2014 and after
less than 20,000	1.13%	2.25%	3.38%	4.50%
20,000-24,999.99	1.38%	2.75%	4.13%	5.50%
25,000-29,999.99	1.88%	3.75%	5.63%	7.50%
30,000-34,999.99	2.50%	5.00%	7.50%	10.00%
35,000-39,999.99	2.75%	5.50%	8.25%	11.00%
40,000-44,999.99	3.00%	6.00%	9.00%	12.00%
45,000-49,999.99	3.50%	7.00%	10.50%	14.00%
50,000-54,999.99	5.00%	10.00%	15.00%	20.00%
55,000-59,999.99	5.75%	11.50%	17.25%	23.00%
60,000-64,999.99	6.75%	13.50%	20.25%	27.00%
65,000-69,999.99	7.25%	14.50%	21.75%	29.00%
70,000-74,999.99	8.00%	16.00%	24.00%	32.00%
75,000-79,999.99	8.25%	16.50%	24.75%	33.00%
80,000-94,999.99	8.50%	17.00%	25.50%	34.00%
95,000 and over	8.75%	17.50%	26.25%	35.00%

* Member contribution is a minimum of 1.5% of base salary towards Health Benefits

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

HEALTH BENEFITS CONTRIBUTION FOR FAMILY COVERAGE
(PERCENTAGE OF PREMIUM)*

Salary Range	Four Year Phase-In			
	<i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2011 to June 2012	Year 2 July 2012 to June 2013	Year 3 July 2013 to June 2014	Year 4 July 2014 and after
less than 25,000	0.75%	1.50%	2.25%	3.00%
25,000-29,999.99	1.00%	2.00%	3.00%	4.00%
30,000-34,999.99	1.25%	2.50%	3.75%	5.00%
35,000-39,999.99	1.50%	3.00%	4.50%	6.00%
40,000-44,999.99	1.75%	3.50%	5.25%	7.00%
45,000-49,999.99	2.25%	4.50%	6.75%	9.00%
50,000-54,999.99	3.00%	6.00%	9.00%	12.00%
55,000-59,999.99	3.50%	7.00%	10.50%	14.00%
60,000-64,999.99	4.25%	8.50%	12.75%	17.00%
65,000-69,999.99	4.75%	9.50%	14.25%	19.00%
70,000-74,999.99	5.50%	11.00%	16.50%	22.00%
75,000-79,999.99	5.75%	11.50%	17.25%	23.00%
80,000-84,999.99	6.00%	12.00%	18.00%	24.00%
85,000-89,999.99	6.50%	13.00%	19.50%	26.00%
90,000-94,999.99	7.00%	14.00%	21.00%	28.00%
95,000-99,999.99	7.25%	14.50%	21.75%	29.00%
100,000-109,999.99	8.00%	16.00%	24.00%	32.00%
110,000 and over	8.75%	17.50%	26.25%	35.00%

*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

**HEALTH BENEFITS CONTRIBUTION FOR
MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE
(PERCENTAGE OF PREMIUM)***

Salary Range	Four Year Phase-In			
	<i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2011 to June 2012	Year 2 July 2012 to June 2013	Year 3 July 2013 to June 2014	Year 4 July 2014 and after
less than 25,000	0.88%	1.75%	2.63%	3.50%
25,000-29,999.99	1.13%	2.25%	3.38%	4.50%
30,000-34,999.99	1.50%	3.00%	4.50%	6.00%
35,000-39,999.99	1.75%	3.50%	5.25%	7.00%
40,000-44,999.99	2.00%	4.00%	6.00%	8.00%
45,000-49,999.99	2.50%	5.00%	7.50%	10.00%
50,000-54,999.99	3.75%	7.50%	11.25%	15.00%
55,000-59,999.99	4.25%	8.50%	12.75%	17.00%
60,000-64,999.99	5.25%	10.50%	15.75%	21.00%
65,000-69,999.99	5.75%	11.50%	17.25%	23.00%
70,000-74,999.99	6.50%	13.00%	19.50%	26.00%
75,000-79,999.99	6.75%	13.50%	20.25%	27.00%
80,000-84,999.99	7.00%	14.00%	21.00%	28.00%
85,000-99,999.99	7.50%	15.00%	22.50%	30.00%
100,000 and over	8.75%	17.50%	26.25%	35.00%

*Member contribution is a minimum of 1.5% of base salary towards Health Benefits